

8cc

Tarrytown 2nd Sub h.1 B.1.
Key # 47-448-1, unit # 25

00348

INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

91015728

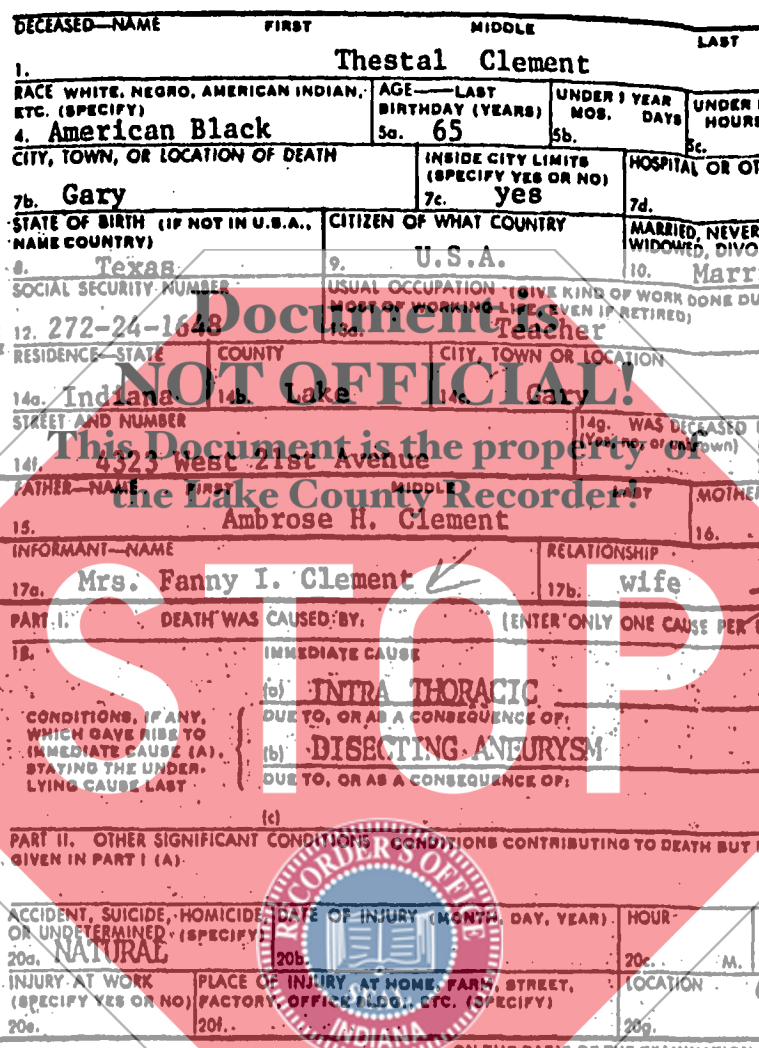
Local No. **76-1080**

Death No.

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

| | | | | | | | |
|--|--|---|---|--|--|--|--|
| DECEASED—NAME | | FIRST | MIDDLE | LAST | SEX | DATE OF DEATH (MONTH, DAY, YEAR) | |
| 1. Thestal Clement | | | | | 2. Male | 3. December 15, 1976 | |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | | AGE—LAST BIRTHDAY (YEARS) | UNDER 1 YEAR MOS. | UNDER 1 DAY HOURS | DATE OF BIRTH (MONTH, DAY, YEAR) | COUNTY OF DEATH | |
| 4. American Black | | 5a. 65 | 5b. | 5c. | 6. 3/8/1911 | 7a. Lake | |
| CITY, TOWN, OR LOCATION OF DEATH | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | | | | |
| 7b. Gary | | 7c. yes | 7d. Gary Methodist Hospital | | | | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | | CITIZEN OF WHAT COUNTRY | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | |
| 8. Texas | | 9. U.S.A. | | 10. Married | | 11. Fanny I Turner | |
| USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. | | SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | | KIND OF BUSINESS OR INDUSTRY | |
| 12. 272-24-1648 | | 13a. Teacher | | 13b. School City of Gary | | | |
| RESIDENCE—STATE | | COUNTY | CITY, TOWN OR LOCATION | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | TOWNSHIP | |
| 14a. Indiana | | 14b. Lake | 14c. Gary | | 14d. yes | 14e. Calumet | |
| STREET AND NUMBER | | 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) | | 14h. IS RESIDENCE ON A FARM? (If yes, give acreage) | | | |
| 14f. 4323 West 21st Avenue | | 14g. no | | 14h. no | | | |
| FATHER—NAME | | MIDDLE | MOTHER—MAIDEN NAME | FIRST | MIDDLE | | |
| 15. Ambrose H. Clement | | | 16. Annie M. White | | | | |
| INFORMANT—NAME | | RELATIONSHIP | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | |
| 17a. Mrs. Fanny I. Clement | | 17b. wife | | 17c. 4323 W. 21st Avenue Gary, Indiana 464 | | | |
| PART I. DEATH WAS CAUSED BY: | | ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| 18. IMMEDIATE CAUSE | | (a) INTRA THORACIC | | | | | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST | | (b) DISSECTING ANEURYSM | | | | | |
| CAUSE | | (c) | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): | | AUTOPSY (YES OR NO) | | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? YES | | | |
| | | 19a. yes | | 19b. yes | | | |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | | DATE OF INJURY (MONTH, DAY, YEAR) | HOUR | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) | | | |
| 20a. NATURAL | | 20b. | 20c. M. 2 | 20d. Arrested in Auditor Lake County | | | |
| INJURY AT WORK (SPECIFY YES OR NO) | | PLACE OF INJURY, AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY) | LOCATION | STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP | | | |
| 20e. | | 20f. | 20g. | 20h. AUDITOR LAKE COUNTY | | | |
| CORONER'S CERTIFICATION | | | | | | | |
| ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE (B) STATED. | | | | | | | |
| DEATH OCCURRED (HOUR, MIN.) | | THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR) | | DATE SIGNED (MONTH, DAY, YEAR) | | | |
| 21a. 12:17 A. M. | | 21b. 12/ 15/ 1976 | | 21c. 12/ 15/ 1976 | | | |
| CERTIFIER—NAME (TYPE OR PRINT) | | SIGNATURE | | CITY OR TOWN | | STATE | |
| 22a. WILLIAM H. MOTT M.D. | | 22b. <i>William H. Mott</i> | | 22c. CROWN POINT | | 22d. INDIANA | |
| MAILING ADDRESS—CERTIFIER | | STREET OR R.F.D. NO. | | CITY OR TOWN | | STATE | |
| 23. 2293 NORTH MAIN ST. | | 23a. CROWN POINT | | 23b. INDIANA | | 23c. 46307 | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | | CEMETERY, CREMATORY, FUNERAL HOME | | LOCATION | | CITY OR TOWN STATE | |
| 24a. Burial | | 24b. Oak Hill Cemetery | | 24c. Gary, Indiana | | 24d. 60 | |
| DATE (MONTH, DAY, YEAR) | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | DATE RECEIVED BY LOCAL HEALTH OFFICER | | | |
| 24e. December 18, 1976 | | 24f. Smith, Bizzell, & Warner, Inc., 2256 Washington St. Gary, Ind. 4640 | | 24g. DEC 17 1976 | | | |
| SIGNATURE OF HEALTH OFFICER | | DATE RECEIVED BY LOCAL HEALTH OFFICER | | | | | |
| 25a. <i>[Signature]</i> | | 25b. DEC 17 1976 | | | | | |



FILED

APR 4 1997

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
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FUNERAL HOME No. 248

FUNERAL DIRECTOR'S LICENSE No. 1984

FUNERAL DIRECTOR'S SIGNATURE *Edz Warner*

LICENSE No. 42.60

EMBALMER'S NAME *Edz Warner*

DEC 17 1976



James J. Howarth, M.D.
CERTIFIED
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE DEC 17 1976

